
EXHIBIT B

Barry Schlafstein, M.D.

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

IN RE: ETHICON, INC. PELVIC	Master File No.
REPAIR SYSTEM PRODUCTS LIABILITY	2:12-MD-02327
LITIGATION	MDL No. 2327

THIS DOCUMENT RELATES TO	JOSEPH R. GOODWIN
PLAINTIFFS:	US DISTRICT JUDGE

Mary Cone
Case No. 2:12-cv-00261

Dina Destefano-Raston
Case No. 2:12-cv-01299

Shirley Freeman
Case No. 2:12-cv-00490

Carrie Smith
Case No. 2:12-cv-00258

(Continued on next page)

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APRIL 4, 2016

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Deposition of BARRY SCHLAFSTEIN, MD, held at
Hilton Garden Inn Savannah, Scarborough Conference
Room, 321 West Bay Street, Savannah, Georgia 31404,
commencing at 9:03 a.m., on the above date, before
Joan L. Pitt, Registered Merit Reporter, Certified
Realtime Reporter, and Florida Professional
Reporter.

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1 Q. I'm going to mark as Exhibit 8 the curriculum
2 vitae that we were provided along with your expert
3 report. Can you review that and confirm that that is
4 the most recent copy of your CV?

5 A. Yes. And under "medical staff leadership," it
6 should say 2015 to 2016 on that first line. Vice
7 president.

8 Right here. It should say 2016 right here. So
9 it would be "-16."

10 Q. And as we go through, if you have any other
11 addendums or things to note, then please, by all means,
12 let us know. Okay?

13 All right, Doctor. Your CV starts off with
14 "professional" as a category here, and it starts off
15 1997 to present you've been "solo private practice
16 (Ob/gyn); Low Country Ob/Gyn, PC, Progressive Gyn
17 Center, Savannah, Georgia." Is that correct?

18 A. Yes.

19 Q. Describe for me, from 1997 through the present,
20 what your clinical practice has been in your capacity
21 there at Low Country Ob-Gyn.

22 I'm asking potentially vague. I can certainly
23 break it up if you'd like me to, but what I'm trying to
24 get at is, tell me, when you started in 1997 there,

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1 through current times, has your practice changed?

2 For instance, recently you said that you had
3 stopped or tried to diminish doing obstetrical patients.
4 What type of procedures were your specialties during
5 given times?

6 Whatever you think is poignant about that. I'm
7 obviously going to ask more questions, but to be
8 efficient, tell me a bit about your clinical practice.

9 A. Yes, sir. I've been in solo practice with
10 cross-coverage since 1997. I did obstetrics and
11 gynecology. My practice has always been, and now
12 exclusively, but has always been heavily weighted
13 towards gynecology.

14 My interests and passions have been the
15 minimally invasive treatment of gynecologic disorders,
16 nonsurgical and surgical, and over the years we've
17 practiced in that manner and have been able to achieve
18 very good results for our patients in that regard.

19 I did provide obstetrical services to a small
20 number of patients, it was a very nice group of patients
21 and I enjoyed it, and I put every ounce of energy into
22 it. In fact, I would deliver my own babies and wouldn't
23 let my call partners go in.

24 So over the about 18 years, I was able to

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1 deliver all but less than 20 patients. About one a year
2 that I would miss. So the patients like that. But
3 because of that, I had to keep it minimized at the same
4 time I was doing all this GYN.

5 In 2013, the American Board of Medical
6 Specialists recognized a field called female pelvic
7 medicine and reconstructive surgery. It had been a
8 field that had sort of developed kind of in the interval
9 from when I finished my residency in 1991 at Johns
10 Hopkins, which is on here, until 2013.

11 The field was nascent in 1991 and had blossomed
12 and became a significant field such that the American
13 Board of Medical Specialists recognized that field as an
14 accredited subspecialty.

15 In order to -- are these the kind of questions
16 you want to know?

17 Q. Sure. Sure. And you know what? Because I'm
18 going to have to take you back to your education and
19 training anyway, but just as a broad brush, it sounds
20 like that's your current practice since you've been at
21 Low Country; correct?

22 A. Yes. I could go on all day if you want, but
23 it's whatever you want to ask.

24 Q. Sure. We'll go to the second page here just to

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1 get some background. You received your bachelor's of
2 science from Cornell in 1983; is that correct?

3 A. That is correct.

4 Q. Okay. And from there take me through your
5 progression into medical school and then ultimately your
6 residency, which it appears ended in 1991.

7 A. So I graduated from Cornell University in 1983,
8 and this was May, I presume it was May of 1983, and then
9 I started medical school, either it was August or
10 September in 1983.

11 I went to the University of Miami. I was there
12 for the traditional four years. I was an Alpha Omega
13 Alpha Honor Society inductee. Graduated and went
14 directly to residency. That starts in July. July 1 of
15 1987.

16 It's an integrated residency, which pretty much
17 all OB-GYN residencies, at least at that time, and I
18 think still are, meaning that the internship and the
19 residency are integrated. So I did my integrated
20 internship and residency, traditional four-year program,
21 at Johns Hopkins Hospital and finished in 1991 as chief
22 resident.

23 Q. And following your completion of residency in
24 1991, it appears that you joined a private practice in

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1 Miami, Florida; is that correct?

2 A. That is correct.

3 Q. And tell me what your work with that private
4 practice from, it appears 1991 to 1995, entailed?

5 A. That practice was a group of five
6 obstetrician-gynecologists. We all were in the same
7 office. I was the junior associate during those four
8 years and I provided general OB-GYN, probably a bit more
9 of an OB-GYN balance than I had discussed from 1997
10 forward, but certainly did both OB and GYN during that
11 period of time.

12 Q. And then it appears in 1996 that you left that
13 practice and came to Savannah; is that correct?

14 A. That is.

15 Q. And what led to that change in the practice?

16 A. I was unhappy in that practice.

17 Q. And did you join another private practice here
18 in Savannah in 1996?

19 A. Yeah. We -- obviously I'm married, and in
20 discussions with my wife, we decided that we wanted to
21 try a different location because there were issues in
22 Miami at the time, a lot of crime, a lot of issues, I
23 don't have to get too specific, but we felt it would be
24 better, with young children. We were looking for

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1 something different, and this opportunity came up with
2 Dr. Burgstiner.

3 Dr. Burgstiner, I joined him January 2, 1996.
4 I did not know it, but he was ill, and he wasn't -- he
5 had been ill, but he had gotten better. He had a
6 chronic illness, a hepatitis that he had gotten from a
7 needle stick doing surgery many years ago. And he had
8 gotten better, and I thought he was better and he
9 thought he was better.

10 We worked together for one year, and in 1997 he
11 decided he wanted to retire and devote himself to other
12 things in what time he had, and he lived for exactly six
13 weeks after retirement and died in May of 1997, and at
14 that point I took over the practice.

15 Q. So the practice that you had with
16 Dr. Burgstiner is essentially the same practice you have
17 today?

18 A. Yes.

19 Q. But you just took it over yourself?

20 A. Yeah. And Dr. Burgstiner was an expert and
21 master gynecologist. I want to throw that in, because
22 he was as good as I'd ever seen, even at Hopkins.

23 Q. And from that point on, 1997 to the present, it
24 says "solo private practice." Have you ever had any

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1 partners over that course of time in your practice?

2 A. No.

3 Q. Have you ever had any other physicians that
4 have worked for you in your practice?

5 A. Very, very briefly. Probably about maybe less
6 than two years. It was an older physician. I don't
7 know if I can remember his name right now, but he
8 retired and he lived in what's called The Landing, which
9 is a retirement community out here, which happens to be
10 where I live, and he was looking for some work, and me
11 and one other physician allowed him to come to the
12 office maybe one day a week and see patients to do,
13 like, annual checkups.

14 And I did pay him for that, you know, per -- I
15 don't know how we did it, but I paid him for that. It
16 was very brief. He didn't do any procedures. He
17 strictly saw patients and wrote his notes. And that was
18 a brief period of time greater than 10 years ago.
19 That's the only physician other than myself, since 1997,
20 that's been in that practice.

21 Q. What about any nurse practitioners or PAs?

22 A. I do have a nurse practitioner. I've had my
23 nurse practitioner for over 10 years, and she's been
24 with me since she finished nurse practitioner school.

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1 A. Yes, sir.

2 Q. You have a diplomate National Board of Medical
3 Examiners listed there?

4 A. Yes.

5 Q. What is that?

6 A. There's a series of examinations that medical
7 students take throughout their medical -- throughout
8 medical school, and ultimately when you pass them you
9 become a diplomat of the National Board of Medical
10 Examiners. Board certified, licensed physician.

11 Q. And then in 1993 you became board certified in
12 obstetrics and gynecology; is that correct?

13 A. That is correct.

14 Q. And in 1994 you became a fellow of the American
15 College of Obstetricians and Gynecologists?

16 A. That is correct.

17 Q. And the American College of Obstetricians and
18 Gynecologists is often called ACOG; correct?

19 A. That is correct.

20 Q. So if we say ACOG, we'll all know what we're
21 talking about; right?

22 A. I certainly will.

23 Q. And then 2013 you obtained a new board
24 certification. Can you explain that to me?

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1 A. Yeah. I think we may have just briefly touched
2 on it earlier, but in 2013 the American Board of Medical
3 Specialists recognized a new subspecialty in the field
4 of obstetrics and gynecology.

5 If I may give context, there were three
6 existing subspecialties within the field of OB-GYN.
7 The field of OB-GYN is a specialty. It became
8 recognized, I believe, in the 1920's. I may be a little
9 off on that, but that's about right.

10 And then in the 1970's three subspecialties
11 were recognized. One was GYN oncology in 1972, and the
12 other two, reproductive endocrinology and infertility
13 and perinatology, were recognized in 1973.

14 From 1973 to 2013, there was no other
15 subspecialties recognized, but as I mentioned earlier,
16 the field of urogynecology/female pelvic medicine was
17 blossoming, and so in 2013, after -- without getting
18 into much more of that discussion, it was recognized as
19 a subspecialty.

20 In order to sit for that subspecialty, a
21 physician had to demonstrate a body of clinical
22 experience, which was -- essentially, most of it was
23 surgical. Some of it was nonsurgical. This information
24 was submitted to the board, and the board would then

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1 deem the candidate fit or not fit to sit for an exam,
2 and then if you were fit to sit for an exam, the exam
3 was held in June. I think it was June 21, 2013.

4 And I was among those that sat for the exam,
5 and I was among the 541, I believe, GYN physicians who
6 passed that exam and became the first group of board
7 certified female pelvic medicine and reconstructive
8 surgery specialists. Simultaneously, the urologists,
9 there were about 100 or 100 plus urologists that sat and
10 also passed that first year.

11 Q. And do you consider yourself to be a
12 urogynecologist?

13 A. Yes.

14 Q. And how long have you considered yourself to be
15 a urogynecologist?

16 A. I think that's really sort of vague. I think
17 I could -- I don't know, officially, since I became
18 board certified, I've always had an interest in that
19 field, and since there was no designation and it was
20 just sort of a self-designation, I could say I felt that
21 way for a long time.

22 I didn't officially start using that term,
23 though, until I passed the board. I felt that it was
24 not really an official term. I like the certifications

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1 A. 25.

2 Q. And of those 25, how many were previously your
3 patient, and by that I mean you placed the product?

4 A. Less than five.

5 Q. All right. Approximately how many TVTs have
6 you placed in women suffering from stress urinary
7 incontinence?

8 A. The number when I wrote the report was --
9 excuse me. I'm sorry.

10 MR. OTTAWAY: No, no, go right ahead, Doctor.

11 A. I think I said it was 950, but let me just be
12 more specific. You don't mind me referring to this?

13 Q. Not at all.

14 A. I think it says it in here.

15 Q. For the record, the witness is referring to
16 Exhibit 2.

17 A. At the time I generated this report, it was
18 over 950.

19 Q. So as of the time of that report -- and,
20 frankly, it wasn't dated. Do you happen to recall when
21 you issued that report?

22 A. It was before March 1. Somewhere probably in
23 the month of February of this year. Maybe
24 January/February of this year. First quarter of 2016,

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C E R T I F I C A T E

I, JOAN L. PITT, Registered Merit Reporter,
Certified Realtime Reporter, and Florida Professional
Reporter, do hereby certify that, pursuant to notice,
the deposition of BARRY SCHLAFSTEIN, MD, was duly taken
on April 4, 2016, at 9:03 a.m., before me.

The said BARRY SCHLAFSTEIN, MD, was duly sworn
by me according to law to tell the truth, the whole
truth, and nothing but the truth, and thereupon did
testify as set forth in the above transcript of
testimony. The testimony was taken down
stenographically by me. I do further certify that the
above deposition is full, complete, and a true record of
all the testimony given by the said witness.

JOAN L. PITT, RMR, CRR, FPR

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